



PRESERVICE EDUCATION FOR REPRODUCTIVE HEALTH PROFESSIONALS

The TRH Project has worked in more than 20 countries to strengthen preservice education in medical, nursing, and midwifery programs, focusing on strengthening family planning/reproductive health (FP/RH) and maternal and newborn health content.

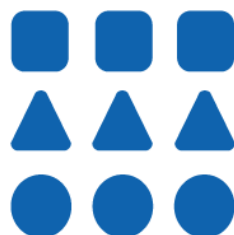
Preservice education is the formative education offered by nursing, midwifery, and medical schools over a period of 1 to 6 years. It is usually the most sustainable means to ensure that healthcare providers develop the skills and knowledge to provide high quality services to clients.

Strengthening preservice education requires improving design, delivery, and evaluation of learning in both the classroom and clinical settings. Graduates of strengthened preservice education programs are able to immediately provide healthcare services because they have:

- Standardized knowledge and a set of core technical competencies (e.g., how to conduct a physical examination, how to provide family planning counseling)
- Appropriate client-provider attitudes and communication skills, acquired through mentoring by faculty and clinical preceptors throughout their course of study

Before a country or program begins the process of strengthening preservice education, however, it is crucial that key stakeholders:

- Review the existing policy and service delivery guidelines that are relevant to the new or updated information to be introduced, both for technical content and for job responsibilities of each cadre of healthcare provider
- Update and revise the guidelines, as needed, to make them consistent with international standards, because they will serve as the basis for the strengthened technical content
- Become familiar with the guidelines and gain experience using them (e.g., orient existing healthcare providers to them, implement them in model clinical sites)



Ghana: Every year, 250–300 midwifery students graduate from up-to-date, competency-based preservice programs. These new healthcare providers, who are prepared to deliver high quality reproductive health (RH) services, are then deployed to a hospital or clinic where they immediately provide life-saving services to the community. This sustainable preservice system, which has increased the availability of high quality healthcare, is the result of a program initiated by the Training in Reproductive Health (TRH) Project in 1997. In collaboration with the Human Resource Development Division of the Ministry of Health, the Nursing and Midwifery Council, and other key organizations and stakeholders, TRH worked to strengthen the family planning (FP) and essential maternal and newborn healthcare components of midwifery preservice programs. In June 2000, an evaluation of midwives 1 year after graduation showed that midwives trained at intervention schools had significantly better total knowledge and total skills than the midwives in the comparison group. Specifically, midwives from the intervention schools excelled at providing counseling on FP methods and exhibited significantly higher knowledge of FP. They were also much better at infection prevention practices including handwashing, preparation of decontaminant, and instrument cleaning.

Strengthening policy and service delivery guidelines requires considerable time and effort. Once completed, however, the resulting policies and guidelines are the basis for up-to-date and standardized teaching and service delivery practices that are essential to improving the quality of preservice education.

With policies and service delivery guidelines in place, the process of strengthening preservice education can be carried out in four phases:

- **Phase One – *Plan and Orient*.** Achieve consensus among key stakeholders at the national level and plan the preservice strengthening efforts for the country.
- **Phase Two – *Prepare for and Conduct Teaching*.** Strengthen curricula, educational institutions, and clinical practice sites for implementation of the curricula, and pilot-test the curricula. The standardization of teaching among institutions and the implementation of competency-based training are facilitated by the development and use of a learning package as part of the preservice strengthening process. Development of such a package should be based on the many learning packages for inservice and preservice that already exist.
- **Phase Three – *Review and Revise Teaching*.** After implementing the strengthened curricula for 6 to 12 months, assess that experience, make any adjustments needed, and plan for ongoing implementation and expansion to additional schools. Providing support and followup to teaching institutions as they implement strengthened curricula and teaching is critical to their success.
- **Phase Four – *Evaluate Teaching*.** Assess the ability of students to correctly use the new/updated content after graduation.

Peru: Five medical and twelve midwifery schools have now implemented competency-based, humanistic training as a result of a TRH Project initiative to improve the quality of preservice education. Through this initiative, TRH provided technical assistance to strengthen faculty knowledge and skills in FP/RH, cervical cancer screening and prevention, and clinical training approaches. A key aspect of this project was to work with the Ministry of Health to develop and publish national RH service delivery guidelines. These guidelines have helped to ensure that preservice education programs and their affiliated clinics are using standardized, up-to-date reference information, which is then transferred to the service delivery site.

Philippines: There are currently 14 midwifery and 13 nursing schools that graduate healthcare providers who have higher licensure examination passing rates than the national average. These high performing preservice institutions were strengthened between 1987 and 1998 through a program implemented by the TRH Project, the Association of Deans of Philippine Colleges of Nursing, and the Association of Philippine Schools of Midwifery. This program developed a standardized, competency-based curriculum, updated the FP/RH knowledge and skills of preservice faculty, strengthened faculty training approaches, and refurbished school-affiliated clinics. An evaluation conducted 3 years after program closeout showed that the FP/RH preservice education investments had been institutionalized and sustained. Evaluation results confirmed that there was availability of trained faculty, continued implementation of the competency-based FP/RH curricular components including student skills assessment, availability of functioning clinical training sites, and designation of all school clinics as service delivery points for the government's FP program.

In summary, preservice education is a sound way of implementing sustainable and, in the long term, efficient training systems, because it also reduces the need for recurrent inservice training cycles, thus conserving scarce training resources. Having providers who have the necessary skills to immediately begin providing services upon graduation leads to improved RH service delivery and helps ensure that women and families have access to the services they need.

JHPIEGO's considerable body of experience in strengthening preservice education for healthcare professionals is collected in the *Preservice Implementation Guide: A Process for Strengthening Preservice Education*.¹ This document describes the step-by-step process used to create a positive environment on the national level for strengthening preservice education and the steps taken on the institutional level to improve the existing curriculum and its implementation.

For additional information, contact Dr. Ronald Magarick, TRH Project Director (rmagarick@jhpiego.net).

¹ Schaefer L (ed). 2002. *Preservice Implementation Guide: A Process for Strengthening Preservice Education*. JHPIEGO Corporation: Baltimore, MD. Adapted with permission from the World Health Organization (WHO) document *Integrated Management of Childhood Illness (IMCI): Planning, Implementing and Evaluating Pre-Service Training* (working draft, 2001).